PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1088 8839

CLAIMS AS FILED - PART I							:	SMALL E	NTITY		OTHER	THAN
			(Column 1)		(Column 2)		 1	TYPE		OR	•	
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	ABLE CLAIMS	37 minus 20=		• 17			X\$ 9=		OR	X\$18=	208
	EPENDENT C		√ minus 3 =)			X43=		OR	X86=	81
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	· .	•			+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2		TOTAL		OR	TOTAL	1162
CLAIMS AS AMENDED - PART II									-	-	OTHER	THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	PENIDENIT	CLAIM	=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGH	EST		Т		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		」	+145=		OR	+290=	
										OR	TOTAL	
ADDIT. FEE												
	`	(Column 1) CLAIMS		HIGH	ST	(Column 3)	lr	 1	ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
+1 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter *20.	. Al	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		ber Previously Paid					r four	d in the app	ropriate box	in col	umn 1.	Ì